

FORM 16
STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEET

SP# 01

PERFORMANCE MEASURE

The percent of children whose family income is less than 200 percent of the Federal Poverty Level who received at least one preventive medical exam during the fiscal year.

Type: Risk Factor

Category: Direct Health Care

GOAL

All low-income children will have a primary care provider to meet their preventive, acute, and chronic health care needs.

MEASURE

Percent of children whose family income is less than 200 percent of the federal poverty level who received at least one preventive health exam during the fiscal year.

DEFINITION

Numerator:

Number of children who have received at least one preventive medical examination as measured by the Child Health & Disability Prevention Program health assessment exam (PM 160 data) and the Healthy Families Program.

Denominator:

Number of children whose family income is less than 200 percent of the federal poverty level.

Units:	100	Percent
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

14.16 Primary care for babies

Increase to at least 90 percent the proportion of babies aged 18 months and younger who receive recommended primary care services at the appropriate intervals.

21.2 Receipt of recommended services

Increase to at least 50% the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services

DATA SOURCE and DATA ISSUES

California census data, CHDP/PM 160 form data, Healthy Families data.

SIGNIFICANCE

Annual preventive health examinations are an ideal method for the recognition and early intervention of all medical problems. Most children without health coverage come from low-income families and, as a result, receive health examinations at a significantly lower rate than children of higher economic levels. Annual health examinations allow for treatment and referral of acute and chronic health care needs and provide for early identification of CSHCN.

CMS coordinates and implements cooperative agreements at the state and local level for information, referral, and assistance for families to enroll in programs such as Medi-Cal, Healthy Families, and WIC to improve access to primary care services for children included in this Performance Measure.

FORM 16
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SP# 02

PERFORMANCE MEASURE

The percent of low-income children who are above the 95th percentile of weight-for-height, or overweight.

Type: Risk Factor

Category: Population Based

GOAL

To reduce the prevalence of overweight among California's youth through the adoption of healthier lifestyle practices.

MEASURE

The percent of children served in the Child Health and Disability Prevention program (California's EPSDT) who have weights-for-height above the 95th percentile.

DEFINITION

Numerator:

Number of children served in the Child Health and Disability Prevention program with a weight-for-height above the 95th percentile.

Denominator:

The number of children in the Child Health and Disability Prevention program with a weight-for-height measurement indicated on the PM160 form.

Units: 100
(Number)

Percent
(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

19-3. Overweight or obesity in children and adolescents

DATA SOURCE and DATA ISSUES

Pediatric Nutrition Surveillance System, Centers for Disease Control and Prevention.

SIGNIFICANCE

California's concern with pediatric overweight is related to the association of childhood weight problems with adult overweight and obesity, and the increased risk of a number of chronic diseases, such as high blood pressure, Type II diabetes, stroke, and heart disease. In addition, childhood overweight serves as a sentinel event for broader issues of unhealthy lifestyle practices.

FORM 16
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SP# 03

PERFORMANCE MEASURE

The rate of deaths per 100,000 children aged 1 through 4 years caused by drowning in swimming pools.

Type: Risk Factor

Category: Population Based

GOAL

To reduce the rate of drowning deaths of children aged 1 through 4 years caused by drowning in swimming pools.

MEASURE

The rate of deaths to children aged 1 through 4 years caused by drowning per 100,000 children aged 1 through 4.

DEFINITION

Numerator:

Number of deaths to children aged 1 through 4 years caused by drowning in swimming pools. This excludes drowning in bathtubs, buckets, and natural bodies of water.

Denominator:

All children in the State aged 1 through 4 years.

Units:	100,000	rate per hundred thousand
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

9.5 Drowning deaths

Reduce the rate of deaths to children aged 0-4 years caused by drowning to no more than 2.3 per 100,000 children aged 0-4 years.

DATA SOURCE and DATA ISSUES

ICD10 codes used for the numerator are W67 and W68.
California Department of Finance for denominator data.

SIGNIFICANCE

Drowning is a leading cause of injury death to toddlers and preschool-age children (ages 1 through 4 years) in California and has been for the last decade. In 1994, 74 (3.1 per 100,000) children aged 1-4 years drowned in swimming pools and 305 (13.0 per 100,000) were victims of near-drowning. The majority of drowning deaths (approximately 60%) in this age group occur in residential swimming pools.

FORM 16
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SP# 04

PERFORMANCE MEASURE

The rate of deaths per 100,000 adolescents aged 15 through 19 years caused by homicide.

Type: Risk Factor

Category: Population Based

GOAL

To reduce the rate of deaths to adolescents aged 15 through 19 years caused by homicide.

MEASURE

The rate of deaths to adolescents aged 15 through 19 years caused by homicide.

DEFINITION

Numerator:

Number of deaths to adolescents aged 15-19 years caused by homicide.

Denominator:

All adolescents in the State aged 15-19 years.

Units:	100,000	rate per hundred thousand
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

7.1 Homicide

Reduce the homicides among black men aged 15-34 to no more than 72.4 per 100,000

7.1 Homicide

Reduce the homicides among Hispanic men aged 15-34 to no more than 33.0 per 100,000

Reduce the homicides among Black women aged 15-34 to no more than 16.0 per 100,000.

DATA SOURCE and DATA ISSUES

Vital Statistics Death Records for numerator data.

California Department of Finance for denominator data.

SIGNIFICANCE

Homicide is a leading cause of death for California children and adolescents. In addition, it serves as a sentinel event in the wider problem of adolescent violence in the State. In California, in 1996, 691 children less than 19 years of age died from homicide. Seventy-five percent (n=521) of these homicides were to victims aged 15-19 years old for a homicide rate of 24.7 per 100,000. With 20.5 deaths for every 100 hospitalizations, attempted homicide is three times more lethal than all other injuries in California (1994 data). In 1994, gunshots caused 90 percent of the homicides among youths aged 16-20 years.

FORM 16
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SP# 05

PERFORMANCE MEASURE

The rate of deaths per 100,000 adolescents aged 15 through 19 years caused by motor vehicle injuries.

Type: Risk Factor

Category: Population Based

GOAL

To reduce the number and rate of deaths to adolescents aged 15 through 19 years caused by motor vehicle injuries.

MEASURE

The rate of deaths to adolescents aged 15 through 19 years caused by motor vehicle injuries.

DEFINITION

Numerator:

Number of deaths to adolescents aged 15-19 years caused by motor vehicle injuries.

Denominator:

All adolescents in the State aged 15-19 years.

Units:	100,000	rate per hundred thousand
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

9.3 Motor vehicle crash-related deaths

Reduce deaths among youth aged 15-24 caused by motor vehicle crashes to no more than 26.8 per 100,000.

DATA SOURCE and DATA ISSUES

Vital Statistics Death Records for numerator data.
California Department of Finance for denominator data.

SIGNIFICANCE

Motor vehicle injuries are the second leading cause of death for California adolescents. In California, in 1996, 666 youths aged 19 years and under died from motor vehicle injuries. The mortality rate for adolescents is approximately five times greater than for younger children, with 59 percent (n=395) of the motor vehicle deaths among children aged 19 and under occurring to victims aged 15-19 years. The motor vehicle death rate was 18.7 per 100,000 for youths aged 15-19 in 1996.

FORM 16
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SP# 06

PERFORMANCE MEASURE

The incidence of neural tube defects (NTDs) per 10,000 live births plus fetal deaths among counties participating in the California Birth Defects Monitoring System.

Type: Risk Factor

Category: Population Based

GOAL

To reduce the incidence of NTDs in California.

MEASURE

The incidence of NTDs among fetal deaths and live births among counties participating in the California Birth Defects Monitoring System.

DEFINITION

Numerator:

Number of NTDs among fetal deaths and live births in counties monitored by the California Birth Defects Monitoring System.

Denominator:

All fetal deaths plus live births in monitored counties.

Units:	10,000	rate per ten thousand
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

14.17 NTD

Reduce the incidence of spina bifida and other neural tube defects to 3 per 10,000 live births.

DATA SOURCE and DATA ISSUES

California Birth Defects Monitoring Program Registry Data. The incidence of NTDs in monitored counties is believed to be representative of the State's diverse population.

SIGNIFICANCE

There are two types of neural tube defects: spina bifida (open spinal cord) which causes lifelong physical disabilities and anencephaly (absence of the brain) which leads to infant death. The risk for NTDs is 50 percent greater in Latinos than among Caucasians. In addition, infants born to Mexican-born mothers have 1.7 times the risk of these defects compared to infants born to U.S.-born mothers.

FORM 16
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SP# 07

PERFORMANCE MEASURE

The percent of California Children Services (CCS) enrolled children registered in CMS Net, the statewide automated case management and data collection system for CCS.

Type: Capacity

Category: Infrastructure Building

GOAL

To have CCS statewide computer system that captures data on all of the CCS enrolled children.

MEASURE

Percent of CCS enrolled children registered in CMS Net.

DEFINITION

Numerator:

The number of CCS enrolled children who are entered in CMS Net.

Denominator:

The total number of CCS enrolled children.

Units: 100
(Number)

Percent
(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

No Healthy People 2000 Objective

DATA SOURCE and DATA ISSUES

The data will be collected through CMS Net and CCS program files.

SIGNIFICANCE

The CCS program is run as a state-county partnership. The CMS Net data collection, analysis, and monitoring system will be used to track health service provision, health outcomes, monitor quality standards, and provide a basis for health policy development for CSHCN. Currently 46 of 58 counties are entering data into the CMS Net.

FORM 16
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SP# 08

PERFORMANCE MEASURE

The percent of women 18 years or older reporting intimate partner physical abuse in the past 12 months.

Type: Risk Factor

Category: Population Based

GOAL

To reduce the prevalence of domestic violence against women.

MEASURE

The percent of women 18 years and older who report experiencing some form of intimate partner physical violence in the past twelve months.

DEFINITION

Numerator:

Numerator: Number of women in the Ca. Women's Health Survey who report any of the following: having been pushed, had objects thrown at her, was slapped, was hit with an object, was kicked or hit, was choked, was beaten up or was threatened with a gun or knife by an intimate partner in the past 12 months, weighted according to the most recent available Census data.

Denominator:

Denominator: Number of women surveyed, weighted to the most recent available Census data.

Units:	100	Percent
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

15-34. Physical assault by intimate partners

DATA SOURCE and DATA ISSUES

California Women's Health Survey, California Department of Health Services. U.S. Census data for California, California Department of Finance.

SIGNIFICANCE

Domestic violence is the leading cause of injury to women ages 15-44 in the U.S. Annually, about 30% of murdered women are killed by their intimates. In California, 196,832 incidents of domestic violence were reported to law enforcement, and 56,892 domestic violence arrests were made in 1998.

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SP# 09

PERFORMANCE MEASURE

The percent of youth aged 12-17 years who report smoking cigarettes in the past 30 days.

Type: Risk Factor

Category: Population Based

GOAL

To reduce the number of youth who smoke tobacco products.

MEASURE

The percent of youth 12-17 years old in California who report having smoked cigarettes in the past 30 days.

DEFINITION

Numerator:

Number of youth 12-17 years of age in California who report having smoked cigarettes in the past 30 days.

Denominator:

Number of youth 12-17 years of age.
Survey data are weighted to be representative of the age group in the State.

Units:	100	Percent
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

27-2. Adolescent tobacco use

DATA SOURCE and DATA ISSUES

State of California, Department of Health Services, Cancer Control Branch, Tobacco Control Section, California Tobacco Control Update, August 2000.

SIGNIFICANCE

Tobacco is the number one preventable cause of death in the U.S. More than 80% of adult smokers had tried smoking by their 18th birthday, and more than half had become regular smokers by that time. Of the almost 3,000 young people who become regular smokers each day in the U.S., nearly 1,000 of them will have their lives shortened from tobacco-related diseases.

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SO# 01

OUTCOME MEASURE

The maternal mortality rate per 100,000 live births.

Type: Outcome

Category: N/A

GOAL

To reduce the rate of maternal deaths.

MEASURE

Maternal deaths (due to complications of pregnancy, childbirth, and the puerperium) per 100,000 live births.

DEFINITION

Numerator:

Number of deaths to mothers caused by complications of pregnancy.
Group cause of death codes with Group number 261-273 were used.

Denominator:

Number of live births.

Units:	100,000	Rate per one hundred thousand
	(Number)	(Text)

**HEALTHY PEOPLE 2010
OBJECTIVE**

14.3 Maternal mortality

Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births.

14.3 Maternal mortality

Reduce the maternal mortality rate among Black women to no more than 5 per 100,000 live births.

DATA SOURCE and DATA ISSUES

Vital records collected by the State of California.

SIGNIFICANCE

Maternal mortality serves as a sentinel event, and as such, serves as a good indicator of maternal health care and prenatal care for women, especially minorities. African-American women, in particular, have a disproportionately high rate of maternal mortality. Maternal mortality rates in California continue to fluctuate annually, but have not shown major improvements since the mid-1970s.